

Athlete's Update

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Common Causes of Recurrent Shoulder Instability

By Michael A. Herbenick, MD

Shoulder instability is a common complaint, particularly in young athletic patients. The most common cause of shoulder instability is a labral tear, or a tear of the cartilage supporting structure of the shoulder.

Recently, humeral avulsion of the glenohumeral ligaments (HAGL) injury has become a well-recognized and important cause of recurrent shoulder instability. These injuries have been reported in up to 9% of patients with shoulder instability.^{1,2} Two-thirds of HAGL lesions occur in association with other abnormalities, such as rotator cuff tear, cartilage and bony injuries to the humeral head (ball) or glenoid (socket), or labral tear.^{3,4}

Failure to identify a concurrent HAGL injury with one of these other entities may result in an incomplete surgical repair and postoperative recurrence of symptoms.

HAGL lesions should be addressed either through arthroscopic or open repair techniques. Undiagnosed or improperly managed, this injury has the potential to lead to significant disability in otherwise healthy young individuals.

Recent studies suggest that the glenoid bone is altered in up to 90% of shoulders with recurrent instability, thus underscoring the need for careful preoperative evaluation.⁵ Computed Topography (CT) scans, particularly those with 3-dimensional reconstructive views, are commonly required for evaluation of patients with recurrent instability if glenoid bone loss is suspected. Small bony defects (less than 15% of glenoid) can be addressed with a straightforward labral repair. In general, as the amount of bone loss increases, the ability to ensure predictable function and return to play diminishes. A bony transfer procedure to restore the glenoid to its original shape may be required when larger bone defects are detected. These procedures can successfully restore stability and function for most patients.

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